



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention

Application for Waiver of Household Hazardous Waste Collection Requirements For Organizations Collecting Waste Medications from Residents

A. Purpose of Event, Waiver & Rationale

Residential waste medications collected through the program identified below will be diverted from disposal in wastewater (via flushing) and will be destroyed/disposed at the permitted Massachusetts solid waste facility identified below. Destruction/disposal at a permitted solid waste management facility is more environmentally protective than disposal in wastewater. This program will also protect public safety by making waste medications unavailable to people who should not take them.

By submitting this form, your organization is applying for a waiver of the Massachusetts requirement to classify residential waste medications collected at the event described below as "hazardous waste" and the associated requirements for managing "household hazardous wastes" in accordance with 310 CMR 30.1100:

- This waiver would apply to a state requirement that is more stringent than the federal hazardous waste requirement for this waste stream. Under 40 CFR 261.4(b)(1), wastes generated by households are exempt from the requirements of Subtitle C of the U.S. Resource Conservation and Recovery Act.
- Data from similar events indicates that only 10 to 15 percent of the waste medications collected are classified as "hazardous waste." When properly contained, managed and directed to a permitted Massachusetts solid waste facility, this quantity of waste medication is insignificant as a potential hazard to public health, safety, welfare and the environment.
- Waste medications to be collected at this event will be managed in accordance with U.S. Drug Enforcement Administration (DEA) requirements (21 CFR 1307.21) and would therefore be considered to be "adequately regulated" by another government agency.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



B. Applicant Information

Name of Sponsoring Organization

Contact Person Name

Contact Person Title

Contact Person Telephone Number

Contact Person Email Address

Mailing Address Line 1

Mailing Address Line 2

City/Town

State

ZIP Code

C. Residential Waste Medications Collection Event Information

Date of Event (MM/DD/YYYY)

Hours of Operation (e.g. 9:00 a.m. to 2:00 p.m.)

Building or Facility Where Waste Medications Will Be Collected

Address Line 1

Address Line 2

City/Town

State

ZIP Code

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Instructions & Notes:

• Provide contact information for the person who will be responsible for on-site supervision of the collection, packaging & disposal of waste medications.

• No other household hazardous wastes - such as waste oil, oil-based paints, paint thinner, mercury products, etc. - are covered by this waiver.

• Medications discarded by businesses cannot be accepted under the terms of this waiver, and must be managed in compliance with the Massachusetts Hazardous Waste Regulation (310 CMR 30.000).

• The local police department or other law enforcement staff must have sole possession of all controlled substances collected, and must witness their destruction at the disposal facility.

• MassDEP recommends storing waste medications in five-gallon plastic pails that are structurally sound, have secure lids, and are compatible with the waste medications collected. The DEA requires that these containers be placed in a secure cabinet or locker after the collection event and until they are transported to a disposal facility.

C. Residential Waste Medication Collection Event Information (continued)

On-Site Supervisor Name

On-Site Supervisor Title

On-Site Supervisor Office Telephone Number

On-Site Supervisor Mobile Telephone Number

On-Site Supervisor Email Address

Waste materials to be collected at this event:

Discarded Medications Only

Waste materials to be collected from:

Private Residents Only

Note: Waste medications from businesses must be managed in full compliance with 310 CMR 30.000.

Name of Massachusetts Disposal Facility Where Waste Medications Will be Delivered

Address Line 1

Address Line 2

City/Town

State

ZIP Code

Anticipated date of collected waste medication delivery to this facility for destruction/disposal:

Date (MM/DD/YYYY)

Name of Law Enforcement Agency That Will Have Custody of Waste Medications

Name of Law Enforcement Staff Person Responsible

Telephone Number of Staff Person Responsible

Address Line 1

Address Line 2

City/Town

City/Town

ZIP Code

Type of containers in which collected waste medications will be stored:

Description of Containers

Type of secure storage location where containers of collected waste medications will be kept:

Description of Secure Storage Location

D. Certification Statement

"I attest under the pains and penalties of perjury that:

1. The residential waste medication collection event and subsequent storage and transportation of collected medications to a permitted Massachusetts solid waste facility for destruction/disposal will be conducted in accordance with the requirements established by the U.S. Drug Enforcement Administration and the Massachusetts Department of Public Health; and

2. I am fully authorized to make this attestation on behalf of this organization. I am aware that there are significant penalties, including but not limited to possible fines, for submitting false, inaccurate, or incomplete information."

Signature

Print Name

Title

Date (MM/DD/YYYY)

To Submit to MassDEP: Complete, sign and scan this form then send it as an email attachment to: erica.sandler@state.ma.us